

Food Establishment Inspection Report							Page 1 of <u>2</u>	
Establishment Name: <i>Western Correctional</i>	Address: <i>Lobo Canyon Rd</i>	City: <i>Graats</i>	State: <i>NM</i>	Zip Code: <i>87020</i>	Phone:			
Permit #: <i>16359</i>	Email:	Est. Type: <u>I</u>			Risk Category:			
 As Governed by State Regulation 7.6.2 NMAC NMED Environmental Health Bureau 121 Tijeras Ave. NE, Albuquerque NM 87102			Purpose of Inspection:	<input type="checkbox"/> Pre-Opening <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Opening <input type="checkbox"/> Follow-up		<input type="checkbox"/> Complaint Investigation <input type="checkbox"/> Closing CAR		Permit Expiration Date: <i>11:00</i>
							Time In: <i>11:00</i>	
							Time Out:	

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
 IN=in compliance   OUT=not in compliance   N/O=not observed   N/A=not applicable

Mark "X" in appropriate box for COS and/or R  
 COS=corrected on-site during inspection   R=repeat violation

Compliance Status			COS	R	Compliance Status			COS	R											
<b>Supervision</b>			<b>Protection from Contamination</b>																	
1 <input checked="" type="checkbox"/> IN OUT	Person in charge present, demonstrates knowledge, and performs duties		16 <input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food		17 <input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces; cleaned & sanitized		18 <input checked="" type="checkbox"/> OUT N/A N/O	Food separated & protected										
2 <input checked="" type="checkbox"/> IN OUT N/A	Certified Food Protection Manager <i>3/1/17</i>		19 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper cooking time & temperatures		20 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper reheating procedures for hot holding		21 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper cooling time & temperature										
3 <input checked="" type="checkbox"/> OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		22 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper hot holding temperatures		23 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper cold holding temperatures		24 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper date marking & disposition										
4 <input checked="" type="checkbox"/> OUT	Proper use of restriction & exclusion		25 <input checked="" type="checkbox"/> IN OUT N/A N/O	Time as a Public Health Control; procedures & records		<b>Time/Temperature Control for Safety</b>														
5 <input checked="" type="checkbox"/> OUT	Procedures for responding to vomiting and diarrheal events		26 <input checked="" type="checkbox"/> OUT N/A	Consumer advisory provided for raw/undercooked foods		<b>Consumer Advisory</b>														
<b>Employees</b>			27 <input checked="" type="checkbox"/> OUT N/A	Pasteurized foods used; prohibited foods not offered		<b>Highly Susceptible Populations</b>														
6 <input checked="" type="checkbox"/> IN OUT N/A	Food Handler Cards <i>3/1/17</i>		28 <input checked="" type="checkbox"/> OUT N/A	Food additives: approved & properly used		<b>Food/Color Additives and Toxic Substances</b>														
7 <input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking, or tobacco use		29 <input checked="" type="checkbox"/> OUT N/A	Toxic substances properly identified, stored, & used		<b>Conformance with Approved Procedures</b>														
8 <input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose, and mouth		30 <input checked="" type="checkbox"/> OUT N/A	Compliance with variance / specialized process / HACCP																
<b>Preventing Contamination by Hands</b>																				
9 <input checked="" type="checkbox"/> IN OUT N/O	Hands clean & properly washed		10 <input checked="" type="checkbox"/> IN OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternative procedure properly followed		11 <input checked="" type="checkbox"/> IN OUT	Adequate handwashing sinks; supplied & accessible		12 <input checked="" type="checkbox"/> IN OUT	Food obtained from approved source		13 <input checked="" type="checkbox"/> OUT N/A N/O	Food received at proper temperature		14 <input checked="" type="checkbox"/> IN OUT	Food in good condition, safe, & unadulterated		15 <input checked="" type="checkbox"/> IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

No. of Risk Factors / Intervention Violations	<i>0</i>
No. of Repeat Risk Factors / Intervention Violations	<i>0</i>

### GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance			Mark "X" in appropriate box for COS and/or R			COS=corrected on-site during inspection			R=repeat violation			
			COS	R				COS	R			
<b>Safe Food and Water</b>			<b>Proper Use of Utensils</b>									
31	Pasteurized eggs used where required		44	In-use utensils: properly stored		48	Utensils, equipment and vending		51	Hot & cold water available; adequate pressure		
32	Water & ice from approved source		45	Utensils, equipment & linens: properly stored, dried, & handled		49	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		52	Plumbing installed; proper backflow devices		
33	Variance obtained for specialized processing methods		46	Single-use/single-service articles: properly stored & used		50	Warewashing facilities: installed, maintained, & used; test strips		53	Sewage & waste water properly disposed		
<b>Food Temperature Control</b>			47	Gloves used properly		54	Toilet facilities: properly constructed, supplied, & cleaned		55	Garbage & refuse properly disposed; facilities maintained		
34	Proper cooling methods used; adequate equipment for temperature control		48	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		56	Physical facilities installed, maintained, & clean		57	Adequate ventilation & lighting; designated areas used		
35	Plant food properly cooked for hot holding		49	Warewashing facilities: installed, maintained, & used; test strips		58	Adequate ventilation & lighting; designated areas used					
36	Approved thawing methods used		50	Non-food contact surfaces clean								
37	Thermometers provided & accurate											
<b>Food Identification</b>												
38	Food properly labeled; original container											
<b>Prevention of Food Contamination</b>												
39	Insects, rodents, & animals not present											
40	Contamination prevented during food preparation, storage & display											
41	Personal cleanliness											
42	Wiping cloths: properly used & stored											
43	Washing fruits & vegetables											

Status: (check one)	Approved <input checked="" type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Immediate Closure <input type="checkbox"/>	Voluntary Closure <input type="checkbox"/>	No. of Good Retail Practices Violations	<i>0</i>
					No. of Repeat Good Retail Practices Violations	<i>0</i>

Person in Charge (Signature) <i>Dil Gassi</i>	Follow-up: YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: <i>26 Jan 2017</i>
Inspector (Signature) <i>Dil Gassi</i>	Corrective Action Response: YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: <i>26 Jan 2017</i>

ZG001087

Exhibit I

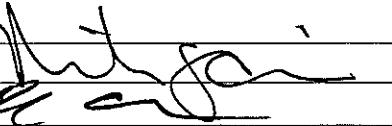
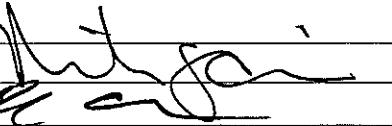
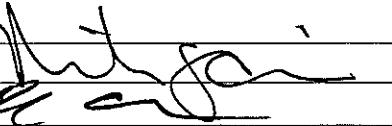
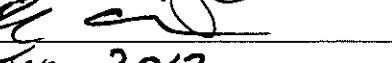
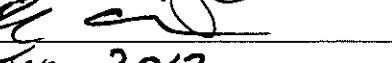
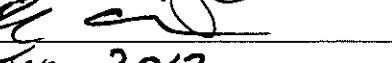


Food Establishment Inspection Report							Page 1 of <u>2</u>
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Permit #: <b>10903</b>	Email:	Est. Type: <b>I</b>			Risk Category: <b>3</b>		
 <b>As Governed by State Regulation 7.6.2 NMAC</b> <b>NMED Environmental Health Bureau</b> <b>121 Tijeras Ave. NE, Albuquerque NM 87102</b>		<b>Purpose of Inspection:</b> <input type="checkbox"/> Pre-Opening <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Opening <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Closing <input type="checkbox"/> Investigation <input type="checkbox"/> CAR			<b>Permit Expiration</b> <b>Date: 11/30/17</b> <b>Time In: 11:00</b> <b>Time Out:</b>		

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Date:	26 Jan 2017																					
Corrective Action Response:	YES <input type="checkbox"/>	NO <input type="checkbox"/>																				

ZG001089

## **Food Establishment Inspection Report**

Page \_\_\_\_\_ of \_\_\_\_\_



**As Governed by State Regulation 7.6.2 NMAC  
NMED Environment Health Bureau  
121 Tijeras Ave NE, Albuquerque NM 87102**

Establishment Name:  
Western NM  
Correctional Facility  
Maid

Permit #:

Date: 24  
Jan 2017

Address: Lobo Canyon Rd

City: Glastonbury

State: *VA*

Zip Code: **87020**

Phone:

## TEMPERATURE OBSERVATIONS

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Defataries	135°F	Hot Holding	139°	Walk-in Freezer	-5°F
Corn	134°F	Refrigerator	41°F	Walk-in Cooler #1	37°F
Bacon	129°F			Walk-in Cooler #2	39°F
Beef patties	140°F			Walk-in Cooler #3	
				used for dry storage.	

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the Food Code.

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the Food Code.
56	<p>6-201.12 ① Floor drain cover do. bathroom is broken. corrected on site</p> <p>② possible air leak between Freezer and cooler #2. Ice buildup on floor at the base between the 2 units.</p> <p>Note: Beefs were under temp but were placed back on the stove to reheat for lunch.</p>
	<p>Note: Quat Sanitized 200 mg/L</p>
	<p>Person in Charge (Signature) <u>Mitch</u> Date: <u>26</u>            Inspector (Signature) <u>Mitch</u> Date: <u>Jay 2011</u></p>

Note: Quat Sanitizers 200 mg/lC

**Person in Charge (Signature)**

Date: 26  
Jan 2017